



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2081

SERIAL NUMBER 09/232,212	FILING DATE 01/19/1999 RULE	CLASS 370	GROUP ART UNIT 2739	ATTORNEY DOCKET NO. AT9-98-567
APPLICANTS JEFFREY ALLEN JONES, ROUND ROCK, TX; AARON KEITH REED, AUSTIN, TX; DOUGLAS SCOTT ROTHERT, AUSTIN, TX;				
** CONTINUING DATA ***** <i>yw nre</i>				
** FOREIGN APPLICATIONS ***** <i>yw nre</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/05/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>yw</i> Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 16
				INDEPENDENT CLAIMS 6
ADDRESS DUKE W. YEE CARSTENS, YEE & CAHOON, LLP ATTORNEYS & COUNSELOR 13760 NOEL ROAD SUITE 900 DALLAS ,TX 75240				
TITLE SYSTEM FOR CONTROLLING TRANSMISSION OF INFORMATION ON THE INTERNET				
FILING FEE RECEIVED 994	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/232,212	01/19/99	370	2731	AT9-98-567

APPLICANT JEFFREY ALLEN JONES, ROUND ROCK, TX; AARON KEITH REED, AUSTIN, TX;
DOUGLAS SCOTT ROTHERT, AUSTIN, TX.

CONTINUING DOMESTIC DATA***
VERIFIED

yw none

371 (NAT'L STAGE) DATA***
VERIFIED

yw none

FOREIGN APPLICATIONS***
VERIFIED

yw none

FOREIGN FILING LICENSE GRANTED 02/05/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 6
Verified and Acknowledged <u>yw</u> Examiner's Initials Initials					

ADDRESS MARK A WURM
LANE AITKEN & MCCANN
2600 VIRGINIA AVENUE N W
SUITE 901
WASHINGTON DC 20037

TITLE SYSTEM FOR CONTROLLING TRANSMISSION OF INFORMATION ON THE
INTERNET

FILING FEE RECEIVED \$994	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------------	---	---